

Jeinie Johnson

Plaintiff

v.

US Dept. URBAN Housing
Development DEKALB Housing
Defendant *Defending*

United States District Court
Northern District of Illinois

RECEIVED

FEB 06 2020

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

COMPLAINT

1:20-cv-00865

Judge Thomas M. Durkin

Magistrate Judge Young B. Kim

Jeinie Johnson

2-6-20

1. COMPLAINT

HELLO I'M JEINIE JOHNSON I FIRST CAME IN CONTACT WITH DEKALB CO. HOUSING AUTHORITY OCT.28.2019 COMPLETING A ONLINE HOUSING APPLICATION APPLYING FOR SECTION 8 HOUSING I'M ALSO A 54 YEAR OLD WOMAN WITH DISABILITY AND I RECEIVE SOCIAL SECURITY DISABILITY SO I APPLY AND GOT A QUICK RESPOND BACK FROM THE DEKALB HOUSING IN DEKALB IL. THIS OFFICE BY EMAIL AND US MAIL TO ATTEND A CLASS FOR ELIGIBILITY THIS WAS IN NOV YOU COULD PICK A DATE YOU CAN ATTEND BECAUSE THEY WAS HAVING ABOUT 5 CLASSES SO I PICK 12/02/2019 BECAUSE 11/22/19 I HAD TO HAVE ANOTHER SHOULDER SURGERY SO I HAD ATTENDED THE CLASS THEY ASK YOU TO BRING PROOF OF A NUMBER OF THINGS BIRTH CERTIFICATE SOCIAL SECURITY CARD PROOF OF RESIDENCE A LEASE OR 3 PIECES OF CREDIBLE MAIL I DID THEY EXCEPT ALL OF MY PAPER WORK I LEFT NOTHING OUT AND SIGN FOR A BACKGROUND CHECK AND THEY KNEW AND UNDERSTOOD I'M HOMELESS WHEN I FILED THE APPLICATION IN OCT 28/2019 DEC 9TH I WAS DENIED HOUSING BECAUSE OF A BACKGROUND CHECK THIS CRIME TOOK PLACE 2010 SEP 20 BOONE CO IL IT WAS A RETAIL THEFT SO I LOOK UP FEDERAL GOV GUIDE LINE AND LAWS AND PRINTED THE NEW HANDBOOK FROM HUD OUT DELIVERED ONE TO THE DEKALB HOUSE SO WE CAN ALL BE ON THE SAME PAGE THE HANDBOOK WAS MADE BY THEM THE DEPT URBAN HOUSING NOV/2019 I READ YOU CAN ONLY BE DENIED HOUSING FOR THESE CRIME AND THE HOUSING AUTHORITY AND ONLY GO BACK 10 YEARS UNLESS YOU'RE A LIFE TIME SEX OFFENDER WITH IT BEING DRUG ABUSE ILLEGAL USE OF A CONTROLLED SUBSTANCE. ALCOHOL ABUSE EVICTION. FROM FEDERAL HOUSING WITHIN THE LAST 3 YEARS MANUFACTURE OF METHAMPHETAMINE JEINIE JOHNSON HAS NONE OF THESE CRIMES ON MY RECORD SO I ASK FOR INFORMAL HEARING WITH THE HOUSE AUTHORITY SO THEY OVERTURN MY DENIAL BECAUSE OF THE LENGTH OF TIME THE LAST ARREST WAS 10 YEAR AGO AND HUD ALLOWS SOME HOUSING AUTHORITY TO DO 5-10 YEARS BACK ONLY SO IT WAS OVERTURNED AFTER I WENT DOWN TOWN TO COMPLAINE AT THE U.S.DEPT OF URBAN HOUSING DEVELOPMENT I SPOKE WITH MRS. LILIAN LEWIS ABOUT WHAT I WAS GOING THROUGH SO I HAD TO WAIT 10 DAYS FOR THEM TO GET BACK TO ME AND TO RECEIVE MY HOUSING CHOICE VOUCHER FOR THE SECTION 8 PROGRAM SO I WOULD NOT HAVE TO BE HOMELESS AND SLEEPING ON MY FRIEND COUCH SO TEN DAYS WENT BY I GOT NOTHING SO I CALL AND SPOKE WITH JENNIFER YOCHEM.SHE WAS NOT VERY NICE SHE TOLD ME I JUST HAVE TO WAIT SO I DID THEN I GOT AN EMAIL BECAUSE THAT HOW WE WAS COMMUNICATING AND SHE SAID THAT THIS PROBLEM WAS OVERTURNED AND I WAS RETURN BACK TO THE WAITING LIST AND I WONT RECEIVEING A VOUCHER BECAUSE THEY GOT THE VERY FIRST LETTER THAT THEY SENT OUT TO ME IT WAS RETURN. NOW THIS LETTER WENT OUT IN NOV TELLING ME ABOUT THE CLASS IT WAS RETURN BUT I HAVE RECEIVE OTHER MAIL FROM NOV.25TH 2019 NOW I GOT THE LETTER FROM I WAS DENIED HOUSING WITH NO PROBLEM AND TOLD THEM ITS NOT THE FIRST TIME MY MAIL WAS RETURNED BUT I HAVE OTHER MAIL YOU ALL SENT TO ME JENNIFER YOCHEM,TOLD ME WELL YOU BACK ON THE WAITING LIST BECAUSE WE CANT VERIFY YOUR MAILING ADDRESS I JEINIE JOHNSON SAID BUT I GOT YOUR OTHER MAIL YOU ALL HAVE THE SAME ADDRESS ON MY STATE I.D.CARD AND THE SAME ADDRESS ON MY STATE FOOD STAMP LETTER THE SAME ADDRESS ON MY SOCIAL SECURITY VERIFYING LETTER JENNIFER YOCHEM TOLD ME WE DON'T CARE ABOUT THAT YOUR BACK ON THE WAITING LIST SO NOW IM FEELING SOME TYPE OF WAY WE TRIED TO CALL THE APARTMENT LAND LORD AND SHE CANT

VERIFY YOU LIVE THERE SO BACK ON THE LIST YOU GO SO NOW IM CONFUSED SO I TRIED TO CALL VIVIAN BRIGHT THE HEAD ADMINISTRATOR

I TRIED FOR 3 DAYS SHE WOULD NEVER RETURN MY CALL IM CALLING BECAUSE I NEVER SAID I WAS RENTING ANYTHING I HAVE NO LAND LORD YOU SAID A LEASE OR 3 PIECES OF MAIL I DID GIVE HER STATE AND GOV MAIL WE DON'T CARE THE LAND LORD HAVE TO ACKNOWLEDGE YOU BEING THERE AND SHE DON'T KNOW YOU I SAID I TOLD YOU IM HOMLESS THIS IS NOT MY APARTMENT IM SLEEPIN ON SOMEONES COUCH YEAH SHE SAID AND YOU NEED TO LEAVE THAT PLACE WHERE YOU ARE. YOUR GOING TO GET YOUR FRIEND IN TROUBLE SAYING THERE WE CALLED THE LAND LORD YOU NEED TO LEAVE .SO NOW IM FEELING HURT COMING TO TERMS THESE PEOPLE DON'T WANT TO HELP ME I NEVER BEEN TREATED THIS WAY WELL JUDEG HERE IS WHY IT HURT

#1 SOMEONE I WENT TO FOR HELP REALLY SHOWED ME THAT THEY DON'T WANT TO HELP ME AT ALL THEY ARE TRYING TO HURT ME IT SEEMS LIKE TO ME NOW WHERE WOULD I GO IM NOT ON MY FRIENDS LEASE AND YOU ALL CALLED AND TOLD THE LAND LORD SHE WAS HELPING ME ITS COLD OUT SIDE AND THE SHELTER ARE FULL I WAS HURT AND CONFUSED AGAIN

#2 THE FEDERAL GUIDE LINE HAND BOOK STATE THE PERSON THAT DENIED YOU . YOUR VOUCHER IS NOT TO BE IN THE ROOM WITH THE HEARING IS GOING ON WELL I WALK IN AND HERE WAS JENNIFER YOICHEM WITH MRS VIVIAN BRIGHT SO NOW AGAIN IM FEELING SOME TYPE OF WAY

#3 IS WHEN I GAVE ALL THE PAPER WORK AT THE CLASS AFTER THE CLASS DIANN CARR WAS HAVING A ONE ON ONE WITH ME TO RECEIVE THE MAIL STATE I.D. AND OTHER THINGS I WENT TO SAY SOMETHING SHE TOLD ME IM NOT HERE TO HEAR YOUR STORY JUST GIVE ME THE PAPER WORK I WAS TRYING TO TELL HER SOMETHING I THOUGHT WAS IMPORTANT I JUST WAS LIKE WOW!!!!!! SO I NEVER SAID ANYTHING ELSE

THEN I GOT DENIED IN AN EMAIL AND US.MAIL DEC 9TH 2019 FROM HOUSING AUTHORITY OF DEKALB CO. ILLINOIS THAT HAD NOTHEN TO DO WITH ANY LAWS THAT THE U.S DEPT OF URBAN /HOUSING INFORCE I WAS ASK TO SIGN A CRIMINAL BACKGROUND CHECK THAT'S WHAT I DID I NEVER GAVE THEM PERMISSION OR SIGNED ANY THING FOR THEM TO CALL MY FRIENDS LAND LORD AND ITS ANGINST THE HIPPAALAW FOR ANYONE TO GIVE OR ASK FOR INFORMATION ON ANYONE IN THE UNITED STATE OF AMERICA WITH OUT A WRITTEN CONSENT. OF THE PERSON THAT THEY ARE ASKING ABOUT IF I HAD A LAND LORD AND THEY WONT ACCEPT MY RESIDENT IM FEELING DISLIKED AND OVERWHELM ABOUT THIS WHOLE THING SO IM ASKING THE FEDRAL COURT FOR HELP WITH MY RIGHTS. AS A CITIZEN OF THE UNIED STATES OF AMERICA HELP ME GET MY HOUSING VOUCHER RELEASED PLEASE I'V TALK WITH OTHER HOUSING AUTHORITIES THEY ARE TELLING ME IT DON'T SOUND RIGHT ITS NOT WRITTEN ANY WHERE IN THE UNITED STATE OF AMERICA OR THE FEDERAL GOVERNMENT HOUSING HAND BOOK THAT YOU HAVE TO BE ON A LEASE OR A MORTGAGE DEED TO PROVE THAT YOU HAVE RESIDENCY AND THAT ANY ADDRESS SO THAT'S WHAT IM ASKING THE COURT FOR IS HELP

1/23/2020

Gmail - Your USPS Service Request #06089476 Has Been Resolved! [ref:_00Dj0GyYH._500t0R7r1Z:ref]



jeinie johnson <1965newjack@gmail.com>

Your USPS Service Request #06089476 Has Been Resolved! [ref:_00Dj0GyYH._500t0R7r1Z:ref]

1 message

uspscustomersupport@usps.gov <uspscustomersupport@usps.gov>
To: "1965newjack@gmail.com" <1965newjack@gmail.com>

We



Dear Jeinie Johnson,

This is in response to your inquiry regarding your mail delivery service. I apologize for any inconvenience this may have caused you.

The carrier for that route knows that Jeinie Johnson is the current resident at 1329 Sycamore Rd. Apt 123, Dekalb IL., 60115. We are looking into the reason some of her mail has been returned.

Thank you for allowing us the opportunity to respond. If you have any questions, please contact me at the telephone number below.

Sincerely,

BRIAN NELSON

Delivery Supervisor
Dekalb IL, 60115
815-758-6677

Your privacy is important to us. If you would like additional information on our privacy policy, please visit us online at: www.usps.com.

ref:_00Dj0GyYH._500t0R7r1Z:ref

SOCIAL SECURITY ADMINISTRATION

Date: January 23, 2020
BNC#: 20BC197K80052
REF: A ,DI

JEINIE JOHNSON
APT 123
1329 SYCAMORE RD
DEKALB IL 60115-2465

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2020, the current
Supplemental Security Income payment is.....\$ 783.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is August 1, 1965.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

630-424-5087

12-10-19

Jeanne Johnson

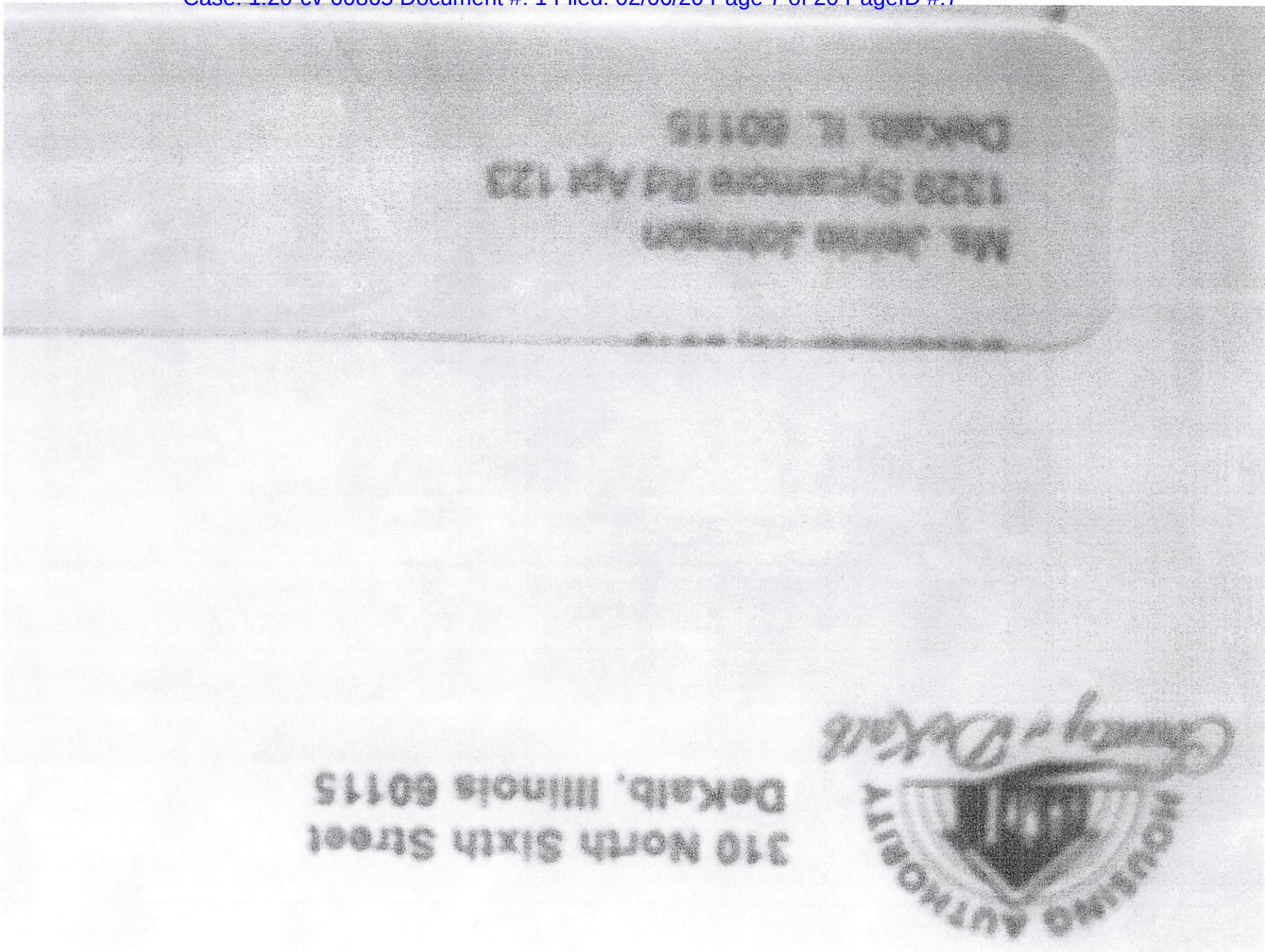


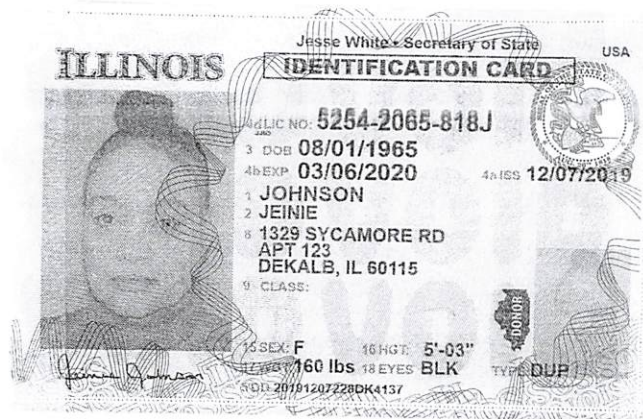
Authority.

I AM Disabled And Homeless.
I Need the Hearing to Clarify myself.
Jeanne Johnson on the Denial I received
on December the 9th 2019, From the Housing

1/29/2020

Photo - Google Photos







Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

www.dekcohousing.com

RESULTS OF INFORMAL REVIEW FOR APPLICANT DISPUTE WITH DENIAL

MS JEINIE JOHNSON
SENT VIA EMAIL

Date of Informal Review: December 23, 2019

Hearing Officer: Vivian Bright

Name(s) of All Other Persons Present at Informal Review:

Representing Applicant: Terry Johnson

Representing HACD: Jennifer Yochem, Admissions Manager

Reason(s) for Denial:

We are responsible for screening family behavior and suitability for tenancy. In doing so we will consider an applicant's history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants. HUD permits, but does not require us to deny our assistance to an applicant for *criminal activity* that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents or person residing in the immediate vicinity [24 CFR 982.553].

Specifically, in your case we found:

FELONY	RETAIL THEFT/DISPLAY MERCH/>\$150	GUILTY	SEPTEMBER 20, 2010
	○ Case #2010CF388		Boone County, IL
	▪ Dept of Corrections - 4 years		
	• Credit for time served – 69 days		

Was the subject of a criminal record *and* the applicant provided with copies of information relied upon in making decision? ☐Yes ☐No ☒Not Applicable Subpoenaed but not received at time of meeting

Were Reasonable Accommodations requested by applicant for the review? ☐Yes ☒No

Were Reasonable Accommodations provided? ☐Yes ☐No ☒Not Applicable



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER





jeinie johnson <1965newjack@gmail.com>

Housing Choice Voucher Eligibility Class Notice

4 messages

Jennifer Yochem <jyochem@dekcohousing.com>
 To: Jennifer Yochem <jyochem@dekcohousing.com>
 Cc: Diana Carr <dcarr@dekcohousing.com>

Wed, Nov 6, 2019 at 2:23 PM

The Housing Authority of the County of DeKalb would like to invite you an Eligibility Class for the Housing Choice Voucher (HCV) Program. This process is a necessary step in the application process to determine your eligibility for future housing assistance. Please read and immediately respond to the instructions below.

What you must do (before November 21, 2019 – do not wait until the last minute):

You must call the Admission's Team by **November 21, 2019** to reserve your seat. Applicants have four (4) dates and times to choose to attend the Eligibility Class.

- Last names starting with A thru L must call 815-758-2692 X 128
 - Friday November 22, 2019 2:00 PM – 4:30 PM
 - Monday November 25, 2019 10:00 AM – 12:00 PM
 - Tuesday November 26, 2019 2:00 PM – 4:30 PM
 - Monday December 2, 2019 10:00 AM – 12:00 PM
- Last names starting with M thru Z must call 815-758-2692 x 129
 - Tuesday December 3, 2019 10:00 AM – 12:00 PM
 - Thursday December 5, 2019 2:00 PM – 4:30 PM
 - Friday December 6, 2019 2:00 PM – 4:30 PM
 - Tuesday December 11, 2019 10:00 AM – 12:00 PM

Please arrive 15 minutes early for check in. If you arrive late, we reserve the right to turn you away. **The meeting will be held at 310 N 6th Street DeKalb, IL.** All household members 18 years of age and older must attend. The meeting will last approximately two (2) hours.

Please make other arrangements for small children.

This Eligibility Class does not mean you will receive a Housing Choice Voucher. This is one step necessary in the application process. Applicants must be determined eligible.

What you need to know:

1. It is your responsibility to bring all required ORIGINAL documentation to the formal interview as listed on the last page of this letter.
2. A criminal background check will be performed on all household members 18 years of age or older. HACD may conduct an eligibility review in the event we find a criminal background.



jeinie johnson <1965newjack@gmail.com>

Informal Review Meeting Notice

2 messages

Jennifer Yochem <jyochem@dekcohousing.com>

Mon, Dec 16, 2019 at 11:17 AM

To: "1965newjack@gmail.com" <1965newjack@gmail.com>

December 16, 2019

Ms. Jeinie Johnson

1329 Sycamore Rd Apt 123

DeKalb, IL 60115

Dear Ms. Johnson:

Per your request, the Housing Authority of the County of DeKalb has agreed to your request for an informal review. Your informal hearing has been scheduled as follows:

Monday December 23, 2019 at 3:00 PM

Housing Authority of the County of DeKalb

310 N Sixth Street

DeKalb, IL 60115

As a Reasonable Accommodation, the Informal Review can be conducted via telephone. Please contact the Housing Authority if this an accommodation you would like or need.

You have the right to provide evidence, witnesses, legal or other representation at your expense.

You also have the right to view any documents or evidence in the possession of the PHA upon which the PHA based the proposed action and, at your expense, obtain a copy of such documents prior to the hearing. **If you request for such documents, you must come into the office to receive the copies which are twenty-five (25) cents per copy.**

The PHA requests that copies of any documents or evidence the family will use at the hearing are to be supplied to the PHA.

1/22/2020

Email - Housing Choice Voucher Eligibility Class



jeinie johnson <1965newjack@gmail.com>

Housing Choice Voucher Eligibility Class

1 message

Diana Carr <dcarr@dekcohousing.com>

Mon, Nov 25, 2019 at 1:38 PM

To: Jennifer Yochem <jyochem@dekcohousing.com>

Cc: Katy Kingren <kkingren@dekcohousing.com>

Good Afternoon,

This email is a reminder of your upcoming eligibility class for the Housing Choice Voucher program. The class you chose is Monday, December 2, 2019 from 10:00AM - 12:00PM. Please bring all applicable documents from the checklist that was with your selection letter. All adults in the household will need to attend. Please make other arrangements for minor children.

Thank you,

The Admissions Team

Housing Authority of the County of DeKalb

310 N. 6th St.

DeKalb, IL 60115

Phone #815-758-2692

Fax #815-758-4190

☐ Student Registration for all children ages 18 to 23

OTHER

- ☐ Birth Certificates of everyone expected to be living in assisted unit
- ☐ Proof of DeKalb County residency (lease or 3 pieces of current mail)
- ☐ All Social Security Cards
- ☐ Divorce Decree
- ☐ Student Registration of Head of Household
- ☐ Student financial aid documentation & proof of tuition expenses
- ☐ Rent Burdened Preference is claimed, current lease or rent receipts and utility

1. All household members eighteen (18) years of age or older ~~must be present~~ during
2. Picture I.D. of all household members eighteen (18) years of age and older
3. A copy of your lease or three (3) pieces of credible mail within the last three months.
4. Social Security Cards of all household members
5. Birth Certificates for all members of the family
6. Income, Asset, Allowance verification (six most recent check stubs, 3 months of bank statements second page for details). This applies to all household members. Please read the second page for details. This applies to all household members. Please read the second page for details.
7. If the Rent Burdened Preference is claimed, current lease or rent receipts and utility must be provided at formal interview

If you or anyone in your family is a person with disabilities and/or you require a specific fully utilize our programs and services or, if there is any cause of an unfavorable history applicant family is or has been a victim of domestic violence, dating violence, sexual assault, contact the Housing Authority of the County of DeKalb.

Warm Regards,

The Admissions Team

The Housing Authority of the County of DeKalb

410 N Sixth Street

DeKalb, IL 60115

815-758-2692

815-758-4190 Fax



State of Illinois
Department of Human Services

PROOF OF RECEIPT OF PROGRAM BENEFITS

Date: Jan 23, 2020

Case Number: 805265728

Case Name: JOHNSON, JEINIE

Address: 1329 SYCAMORE Road Apartment 123

City, ST., ZIP: DEKALB, Illinois 60115

TO WHOM IT MAY CONCERN:

The following persons are currently receiving certain (means-tested) benefits administered by the Illinois Department of Human Services. Receipt of a (means-tested) benefit is indicated with a (Yes) or (No) for each person listed and shown with the program type, the current benefit receipt month, the date benefits were approved, and the date benefits will end or must be renewed.

NAME OF PERSON RECEIVING BENEFITS	TYPE OF BENEFITS RECEIVING				CURRENT BENEFIT RECEIPT MONTH	DATE BENEFIT APPROVED	DATE BENEFIT ENDS OR MUST BE RENEWED
	Medicaid Only	Supplemental Nutrition Assistance Program (SNAP)	Temporary Assistance to Needy Families (TANF-Cash/ Medical)	Aid to the Aged, Blind, and Disabled (AABD-Cash/ Medical)			
JOHNSON, JEINIE	YES	YES (\$194)			January	01/01/2020	06/30/2020

MS. OCHOA

IDHS Employee (Printed Name)

DUPAGE COUNTY

Name of FCRC

1717 PARK

Address

Ms. Ochoa

IDHS Employee (Signature)

NAPERVILLE, IL 605

City, ST., ZIP

Jan 23, 2020

Date



Housing Authority of the County of DeKalb
310 North Sixth Street • DeKalb, Illinois 60115
Phone 815.758.2692 • Fax 815.758.4190

PRELIMINARY APPLICATION

[Back To Instructions](#)
[Clear Application Data](#)

Note: Fields marked with a "*" are required fields.

English ▼

THIS APPLICATION IS FOR DEKALB COUNTY ILLINOIS ONLY and must be submitted electronically using this system to create a receipt of application. Paper applications available upon request as a Reasonable Accommodation.

Waiting List*

Section 8 HCV ▼

Head of Household

Applicant

First Name* jeinie
Middle Initial
Last Name* johnson
Social Security Number* 559-41-7843 ex. xxx-xx-xxxx
Date of Birth* 08/01/1965 ex. mm/dd/yyyy
Sex* ☒ Female ☐ Male
Disabled* ☐ Yes ☐ No
Home Number (630) 429-5087 ex. (xxx) xxx-xxxx
Mobile Number (630) 429-5087 ex. (xxx) xxx-xxxx
E-mail* 1965newjack@gmail.com [Free E-mail Account](#)

Ethnicity / Race / Citizenship

Select at least one from either **Race** or **Ethnicity**

Ethnicity* Hispanic or Latino ▼
Race* ☐ White
☒ Black/African American
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander

Citizenship* Eligible Citizen ▼ [Help](#)

Racial and ethnic data is collected for statistical purposes only.

☒ I agree to receive future E-mail notifications from the Housing Authority. You will still receive your confirmation E-mail if this box is unchecked.

Household Information

Legal Address

(Where you currently live)

Address Line 1* 1329 sycamore rd #123
Address Line 2
City* Dekalb,
State* Illinois ▼
ZIP Code* 60115 -

Mailing Address (If different from Legal)

(Where you currently receive mail)

Address Line 1 homeless
Address Line 2
City
State ▼
ZIP Code -

Household Members

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. List relationship of each person to the Head of Household.

Full Name	Personal	Disabled	Relationship	Ethnicity / Race / Citizenship
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List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Annual Income Received from Asset
Checking Accounts	\$ 0	\$ 0
Savings Accounts	\$ 0	\$ 0
Stocks, Bonds, CDs, Investment	\$ 0	\$ 0
Real Estate	\$ 0	\$ 0
Other	\$ 0	\$ 0

Eligibility and Preferences

Your response to the following statement will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.

Yes

Will your assisted household consist of two or more persons which includes one or more minor children OR your assisted household will have at least one DISABLED ADULT family member OR at least one adult who will be residing in your assisted household over the age of 62 years?

Will your assisted household have one adult EMPLOYED OR a DISABLED ADULT family member OR at least one adult who will be residing in your assisted household over the age of 62 years?

Are you currently a resident of DeKalb County ILLINOIS OR currently employed in DeKalb County ILLINOIS? Residence and employment must be on a permanent, non-temporary basis.

Are you currently paying more than 50% of your family/household income for rent?

Are you currently residing in A DeKalb County, ILLINOIS Emergency Shelter, Transitional Shelter, Permanent Supportive housing or participating in homeless services at/in/through a participating DeKalb County, ILLINOIS Continuum of Care agency such as Hope Haven, Safe Passage, Ben Gordon Center etc and have received a written letter of recommendation from that agency, not less than 30 days ago?

Supplemental and Optional Contact Information

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.

Add Contact

☒ Check this box if you choose not to provide the contact information.

Certification

Use the fields below to confirm the information entered in the Head of Household section.

Head of Household Social Security Number*	559-41-7843	ex. xxx-xx-xxxx
Head of Household Date of Birth*	08/01/1965	ex. mm/dd/yyyy
Head of Household E-mail*	1965newjack@gmail	

By submitting this form, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

Continue

☐ Student Registration for all children ages 18 to 23

OTHER

- ☐ Birth Certificates of everyone expected to be living in assisted unit
- ☐ Proof of DeKalb County residency (lease or 3 pieces of current mail)
- ☐ All Social Security Cards
- ☐ Divorce Decree
- ☐ Student Registration of Head of Household
- ☐ Student financial aid documentation & proof of tuition expenses
- ☐ Rent Burdened Preference is claimed, current lease or rent receipts and utility

1. All household members eighteen (18) years of age or older must be present during
2. Picture I.D. of all household members eighteen (18) years of age and older
3. A copy of your lease or three (3) pieces of credible mail within the last three months
4. Social Security Cards of all household members
5. Birth Certificates for all members of the family
6. Income, Asset, Allowance verification (six most recent check stubs, 3 months of bank statements see second page for details). This applies to all household members. Please read the list and bring in all items on the list which apply to your household.
7. If the Rent Burdened Preference is claimed, current lease or rent receipts and utility statements must be provided at formal interview

If you or anyone in your family is a person with disabilities and/or you require a specific accommodation to fully utilize our programs and services or, if there is any cause of an unfavorable history for the applicant family is or has been a victim of domestic violence, dating violence, sexual assault, contact the Housing Authority of the County of DeKalb.

Warm Regards,

The Admissions Team

The Housing Authority of the County of DeKalb

310 N Sixth Street

DeKalb, IL 60115

815-758-2692

815-758-4190 Fax

jeinie
johnson559-41-7843
08/01/1965
Female

Yes

Head

Black/African American
Eligible Citizen

First Name	Soc. Sec. #	Disabled? ▼	Relationship ▼	Ethnicity ▼
Middle Initial	Date of Birth			<input type="checkbox"/> White
Last Name	Sex ▼			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> American Indian/Alaska Native
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
				Citizenship ▼

First Name	Soc. Sec. #	Disabled? ▼	Relationship ▼	Ethnicity ▼
Middle Initial	Date of Birth			<input type="checkbox"/> White
Last Name	Sex ▼			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> American Indian/Alaska Native
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
				Citizenship ▼

First Name	Soc. Sec. #	Disabled? ▼	Relationship ▼	Ethnicity ▼
Middle Initial	Date of Birth			<input type="checkbox"/> White
Last Name	Sex ▼			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> American Indian/Alaska Native
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
				Citizenship ▼

First Name	Soc. Sec. #	Disabled? ▼	Relationship ▼	Ethnicity ▼
Middle Initial	Date of Birth			<input type="checkbox"/> White
Last Name	Sex ▼			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> American Indian/Alaska Native
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
				Citizenship ▼

Add Row

Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

At least one source of income must be specified. If you do not have any income, select the Head of Household from the "First Name" dropdown, enter 0 for "Gross Income", and select "Yearly" for "How Often".

First Name	Gross Income	How Often	Annual	Name and Address for the Source of Income
* jeinie ▼	*\$ 771	* Monthly ▼	\$9,252	social security administration
▼	\$	▼	\$0	3112 constitution Dr, springfield il
▼	\$	▼	\$0	62704
▼	\$	▼	\$0	
▼	\$	▼	\$0	
▼	\$	▼	\$0	
			\$9,252	

Add Row

Evidence Presented by Applicant to Support Claim of Eligibility/Suitability:

Ms. Johnson stated she went shopping with Mr. Johnson. She bought over \$300 worth of food with her LINK card at Walmart. After she paid for her groceries, she and Mr. Johnson were asked to go with the security officer. Mr. Johnson took a multitude of items from Walmart without paying for them. Both were arrested. Mr. Johnson stated he was the one who took items from Walmart without paying for them not Ms. Johnson.

The court case went on for several years. Ms. Johnson finally accepted a plea agreement and spent time in prison.

Results of Informal Review:

Applicant was determined eligible and will move forward with housing assistance.

Reason:

- ☐ **Applicant was determined eligible and reinstated on waiting list with original date and time of application.**

Reason:

Based on preponderance of the evidence and length of time since the incident, the Informal Review Officer finds that the information and evidence presented is within her purview to overturn the initial denial for housing assistance. The Informal Review Officer has determined Ms. Johnson would be a viable candidate for the Housing Choice Voucher Program.

Ms. Johnson was selected from the Housing Choice Voucher Waiting List with four (4) preferences; the Family Preference (DISABILITY), the Working Preference (DISABILITY) and the Residency Preference with the original date and time of October 28, 2019 at 11:53 AM. The Admissions Team has tried to verify Ms. Johnson's residency with her current landlord at 1329 Sycamore Rd Apt 123. Admissions was not able to verify Ms. Johnson lives at this address. Mail to Ms. Johnson at this address has been returned to the Housing Authority. The Admissions Team is unable to verify the Residency Preference for Ms. Johnson.

The initial denial of housing assistance has been *overturned*. Ms. Johnson's pre-application has been returned to her with the reduced number of preferences of two (2) and her original date and time of October 28, 2019 at 11:53 AM as an ACTIVE APPLICANT.

- ☐ **Applicant was denied admission.**

Reason:

Signature of HACD Representative

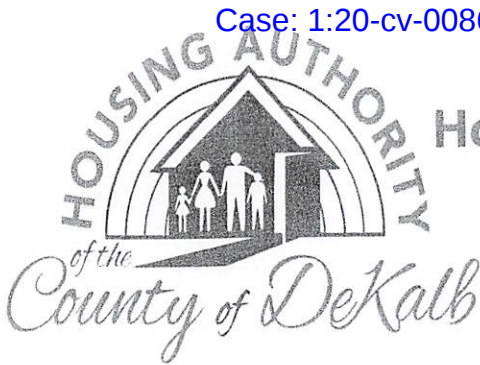


Date 1.7.2020



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Housing Authority of the County of DeKalb

310 North Sixth Street • DeKalb, Illinois 60115

Phone 815.758.2692 • Fax 815.758.4190

www.dekcohousing.com

RESULTS OF INFORMAL REVIEW FOR APPLICANT DISPUTE WITH DENIAL

MS JEINIE JOHNSON
SENT VIA EMAIL

Date of Informal Review: December 23, 2019

Hearing Officer: Vivian Bright

Name(s) of All Other Persons Present at Informal Review:

Representing Applicant: Terry Johnson

Representing HACD: Jennifer Yochem, Admissions Manager

Reason(s) for Denial:

We are responsible for screening family behavior and suitability for tenancy. In doing so we will consider an applicant's history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants. HUD permits, but does not require us to deny our assistance to an applicant for *criminal activity* that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents or person residing in the immediate vicinity [24 CFR 982.553].

Specifically, in your case we found:

FELONY

RETAIL THEFT/DISPLAY MERCH/>\$150

GUILTY

SEPTEMBER 20, 2010

o Case #2010CF388

Boone County, IL

▪ Dept of Corrections - 4 years

• Credit for time served – 69 days

Was the subject of a criminal record *and* the applicant provided with copies of information relied upon in making decision? ☐ Yes ☐ No ☒ Not Applicable Subpoenaed but not received at time of meeting

Were Reasonable Accommodations requested by applicant for the review? ☐ Yes ☒ No

Were Reasonable Accommodations provided? ☐ Yes ☐ No ☒ Not Applicable



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